



FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

1-000116000

No 000314

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 10/15/85

Permit Void 90 days from Date of Issuance

Owner Name Howard Adams

Property Address 514 N. Randall

Lot # _____ P.O. Box _____

Town Ingalls, IN Zip Code 46048

Phone 485-4438 Water Meter 58

\$ 150.00 Tap on Fee Paid

\$ 25.00 Inspection fee paid

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential [x], Commercial _____, Industrial _____, or Governmental/Institutional _____.

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

[Signature] Mrs. Howard H. Adams

APPLICANT(S) SIGNATURE

INSPECTOR [Signature]

Date inspected 11/6/85 Approved [x] Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe 6" "

Type Pipe P.V.C.

Basement Yes No [x]

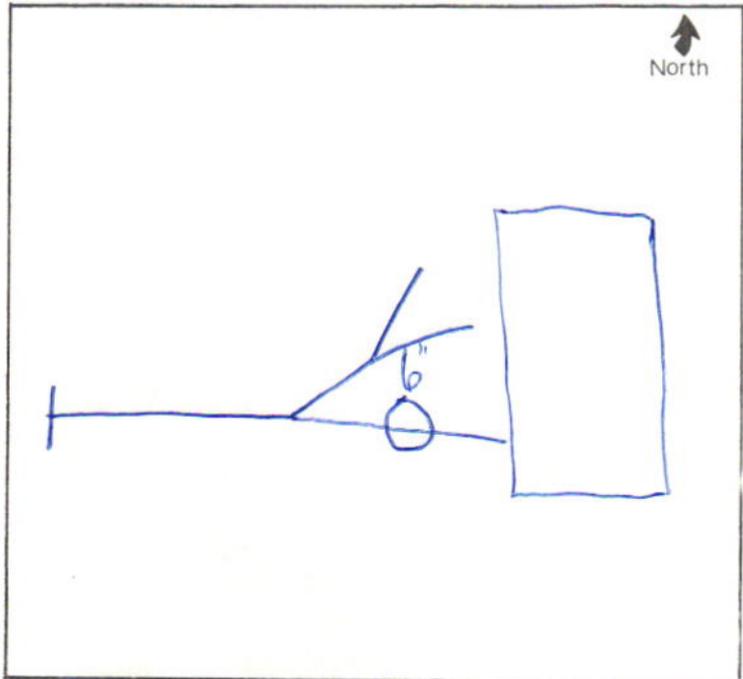
Sump Pump Yes No [x]

Downspout to Ground Yes No [x]

Septic Tank Pumped & filled Yes [x] No

Contractor FLATFORD

Special Conditions _____





FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

21-01160.01

No 001827

APPLICATION FOR SEWER PERMIT

Permit No. _____ Date 1/8/92

Permit Void 90 days from Date of Issuance

Owner Name Dollens, Steven A.

Property Address 514 Bardall Street

Lot # _____ P.O. Box _____

Town Ingalls, IN Zip Code 46048

Phone _____ Water Meter _____"

\$ _____ Tap on Fee Paid
\$ 100.00 reconnect CK No. 3641
\$ _____ ~~Inspection fee paid~~

Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential X, Commercial _____, Industrial _____, or Governmental/Institutional _____. User Information _____.

All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.

The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.

I have read and fully understand the above provisions and agree to comply by said provisions.

APPLICANT(S) SIGNATURE

INSPECTOR _____

Date inspected _____ Approved _____ Rejected _____

Reason for rejection _____

Date reinspected _____ Approved _____ Rejected _____

Notes:

Size Pipe _____"

Type Pipe _____

Basement Yes _____ No _____

Sump Pump Yes _____ No _____

Downspout to Ground Yes _____ No _____

Septic Tank Pumped & filled Yes _____ No _____

Contractor _____

Special Conditions _____

